

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>8/17/05</u>		2 Serial/Patent # <u>10/622,559</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input checked="" type="checkbox"/> Cert of Correction/Terminal Disc.		<u>7/18/05</u>	\$ 130
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <u>04-2219</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):  <i>T.D. and fee not required with Petition.</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A. J. Decker</u>		TITLE: <u>Pats Exec</u>	
SIGNATURE: <u>A. J. Decker</u>		PHONE: <u>571-272-3218</u>	
OFFICE: <u>64700</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Alicia Kill</u>		DATE: <u>8/22/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B